

02-13-04

1624

PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/924,732	
	<b>Filing Date</b>	August 8, 2001	
	<b>First Named Inventor</b>	Paola Vianello	
	<b>Group Art Unit</b>	1624	
	<b>Examiner Name</b>	John M. Ford	
<b>Total Number of Pages in This Submission</b>	4	<b>Attorney Docket Number</b>	00328/US (6794-000106/US)

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Return Receipt Postcard</b>
<b>Remarks</b>  Via Express Mail Label No. EV 310277468 US		<b>RECEIVED</b>  FEB 20 2004

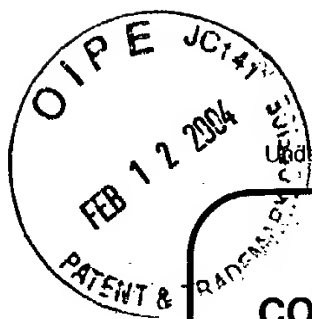
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	David M. Gryte, PTO Reg. No. 41,809 Harness, Dickey & Pierce, P.L.C.
<b>Signature</b>	
<b>Date</b>	February 12, 2004

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450			
on this date: February 12, 2004			
<b>Typed or printed name</b>	David M. Gryte		
<b>Signature</b>		<b>Date</b>	February 12, 2004

EV 310277468 US



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/122 (10-01)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Application Number</b>	09/924,732
	<b>Filing Date</b>	August 8, 2001
	<b>First Named Inventor</b>	Paola Vianello
	<b>Group Art Unit</b>	1624
	<b>Examiner Name</b>	John M. Ford
	<b>Attorney Docket Number</b>	00328/US

Please change the Correspondence Address for the above-identified application to:



Customer Number

28997

Type Customer Number here

OR

RECEIVED

FEB 20 2004

<input type="checkbox"/> <b>Firm or Individual Name</b>	David M. Gryte, Reg. No. 41,809 Harness, Dickey & Pierce, P.L.C.				
<b>Address</b>	7700 Bonhomme				
<b>Address</b>	Suite 400				
<b>City</b>	Clayton	<b>State</b>	MO	<b>ZIP</b>	63105
<b>Country</b>	US				
<b>Telephone</b>	314-726-7500	<b>Fax</b>	314-726-7508		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ Attorney or agent of record.
- ☐ Registered practioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or  
Printed Name David M. Gryte

Signature

Date February 12, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

EV 310277468 US